

**CONTRACT #2**  
**RFS # 339.11-010**

**Department of Mental Health  
& Developmental Disabilities  
Division of Middle Tennessee  
Mental Health Institute**

**VENDOR:**  
**Sodexo Management, Inc.**



STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES  
CORDELL HULL BUILDING, THIRD FLOOR  
425 FIFTH AVENUE, NORTH  
NASHVILLE, TENNESSEE 37243

PHIL BREDESEN  
GOVERNOR

January 9, 2005

VIRGINIA TROTTER BETTS, MSN, JD, RN, FAAN  
COMMISSIONER

James W. White, Executive Director  
Fiscal Review Committee  
8<sup>th</sup> Floor, Rachel Jackson Building  
Nashville, TN 37214

Attn: Ms. Leni Chick

Dear Mr. White:

Attached is a request for a non-competitive amendment of the FY 2005-06 Contract between Middle Tennessee Mental Health Institute and Sodexo Management, Inc. This is a contract amendment for an existing contract that expires January 21, 2006 for the provision of food management services to both Middle Tennessee Mental Health Institute and Clover Bottom Developmental Center.

This amendment is necessary because the costs of the original contract were based on the census at these two facilities and the census for both of these facilities has been considerably higher than was projected when this RFP was prepared in Fiscal Year 2001. For this reason we will need an additional \$275,000 to complete this fiscal year. Thank you for your consideration of this request.

If you have questions or need assistance please contact Gene Wood in our contracts section at 615/532-6676.

Sincerely yours,

A handwritten signature in cursive script, reading "Virginia Trotter Betts".

Virginia Trotter Betts, MSN, JD, RN, FAAN  
Commissioner

VTB/GW/rec

RECEIVED

JAN 12 2006

FISCAL REVIEW

# REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS # 339.11-010

2) State Agency Name : DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES (DMHDD)--  
MIDDLE TENNESSEE MENTAL HEALTH INSTITUTE (MTMHI)

## EXISTING CONTRACT INFORMATION

3) Service Caption : FOOD MANAGEMENT SERVICES

4) Contractor : SODEXHO MANAGEMENT, INC.

5) Contract # FA-01-14412

6) Contract Start Date : January 22, 2001

7) Current Contract End Date IF all Options to Extend the Contract are Exercised : January 21, 2006

8) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$7,910,000.00

## PROPOSED AMENDMENT INFORMATION

9) Proposed Amendment # 06

10) Proposed Amendment Effective Date:  
(attached explanation required if date is < 60 days after F&A receipt-see end of document) January 1, 2006

11) Proposed Contract End Date IF all Options to Extend the Contract are Exercised : January 21, 2006

12) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$8,185,000.00

13) Approval Criteria : (select one) ☒ use of Non-Competitive Negotiation is in the best interest of the state

☐ only one uniquely qualified service provider able to provide the service

14) Description of the Proposed Amendment Effects & Any Additional Service :

An additional two hundred seventy-five thousand dollars (\$275,000) requested to complete the current fiscal year.

15) Explanation of Need for the Proposed Amendment:

The census for both facilities (Middle TN Mental Health & Clover Bottom) covered under this contract has been considerably higher than was projected when this RFP was prepared in FY 2001. An additional two hundred seventy-five thousand dollars (\$275,000) will be needed to complete the current fiscal year.

**16) Name & Address of Contractor's Current Principal Owner(s) :**

(not required if proposed contractor is a state education institution)

Mr. John Benke  
Sodexo Management, Inc.  
9801 Washingtonian Blvd., Suite 1008  
Gaithersburg, MD 20878

**17) Documentation of Office for Information Resources Endorsement :**

(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**18) Documentation of Department of Personnel Endorsement :**

(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**19) Documentation of State Architect Endorsement :**

(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

**20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :**

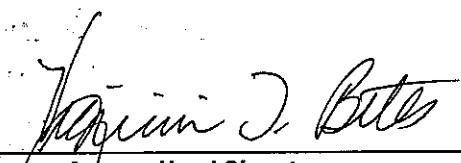
This is an amendment to the food management services contract which was approved on 01/26/01. This contract was procured through the formal RFP process.

**21) Justification for the Proposed Non-Competitive Amendment :**

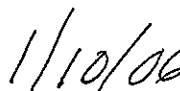
The census for both facilities (Middle TN Mental Health & Clover Bottom) covered under this contract has been considerably higher than was projected when this RFP was prepared in FY 2001. An additional two hundred seventy-five thousand dollars (\$275,000) will be needed to complete the current fiscal year. The cost of this contract is based directly on the census at these two facilities.

**REQUESTING AGENCY HEAD SIGNATURE & DATE :**

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR—signature by an authorized signatory will be accepted only in documented exigent circumstances)



Agency Head Signature



Date

**10) Proposed Amendment Effective Date-Explanation required if date is <60 days after F&A receipt:**

Respectively requesting an effective date less than 60 days from today because of the short time frame to get this amendment in place. We currently have a contract with Sodexo to provide food management services to both Middle Tennessee Mental Health Institute and Clover Bottom Developmental Center. The cost of this contract is based directly on the census at these two facilities. The census for both of these facilities has been considerably higher than was projected when this RFP was prepared in Fiscal Year 2001. If this amendment is not approved, there will not be enough money to provide the required food management services for our current population of service recipients for the remainder of the contract period through January 21, 2006.

# CONTRACT SUMMARY SHEET

8-8-05

<b>RFS #</b>				<b>Contract #</b>			
<b>339.11-010</b>				<b>FA-01-14412-06</b>			
<b>State Agency</b>				<b>State Agency Division</b>			
TN DEPT OF MENTAL HEALTH & DEV. DISAB.				MIDDLE TN MENTAL HEALTH INSTITUTE			
<b>Contractor Name</b>				<b>Contractor ID # (FEIN or SSN)</b>			
SODEXHO MANAGEMENT, INC.				<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V-		V160812661-02	
<b>Service Description</b>							
FOOD MANAGEMENT SERVICES							
<b>Contract Begin Date</b>		<b>Contract End Date</b>		<b>SUBRECIPIENT or VENDOR?</b>		<b>CFDA #</b>	
01/22/01		01/21/06		VENDOR			
<b>Mark, if Statement is TRUE</b>							
<input checked="" type="checkbox"/> Contractor is on STARS as required				<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts as required			
<b>Allotment Code</b>		<b>Cost Center</b>		<b>Object Code</b>		<b>Fund</b>	
SEE SUM. SUPP.		SEE SUM. SUPP.		SEE SUM. SUPP.		11	
<b>Funding Grant Code</b>		<b>Funding Subgrant Code</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>		
2001				\$743,328.00	\$743,328.00		
2002				\$1,760,777.00	\$1,760,777.00		
2003				\$1,650,807.00	\$1,650,807.00		
2004				\$1,650,807.00	\$1,537,350.00		
2005				\$1,518,382.00	\$1,518,382.00		
2006				\$974,356.00	\$974,356.00		
<b>TOTAL:</b>					<b>\$8,185,000.00</b>		

<b>— COMPLETE FOR AMENDMENTS ONLY —</b>			<b>State Agency Fiscal Contact &amp; Telephone #</b>	
<b>FY</b>	<b>Base Contract &amp; Prior Amendments</b>	<b>THIS Amendment ONLY</b>	Gene Wood, 12th Fl-Andrew Johnson Bldg, Nashville, TN 615-532-6676	
2001	\$743,328.00		<b>State Agency Budget Officer Approval</b>	
2002	\$1,760,777.00			
2003	\$1,650,807.00			
2004	\$1,537,350.00			
2005	\$1,518,382.00		<b>Funding Certification</b> (certification, required by T.C.A., § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)	
2006	\$699,356.00	\$275,000.00		
<b>TOTAL:</b>	<b>\$7,910,000.00</b>	<b>\$275,000.00</b>		
<b>End Date:</b>	<b>01/21/06</b>			

<b>Contractor Ownership</b>				
<input type="checkbox"/> African American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input checked="" type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged—	
<b>Contractor Selection Method</b>				
<input checked="" type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method		
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Government	<input type="checkbox"/> Other		
<b>Procurement Process Summary</b>				
This is an amendment to this contract which was originally approved on 01/26/01. This contract was procured through the formal RFP process.				

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JAN 12 2006

## FISCAL REVIEW

## CONTRACT SUMMARY SHEET SUPPLEMENT

FA-01-14412-06

FY-2006

Allotment Code	Cost Center	Object Code	Fund	Grant Code	Subgrant Code	CFDA #	Amount
339.11	20720	083999	11				\$623,670
344.11	20721	083999	11				\$350,686
<b>TOTAL</b>							\$974,356

**AMENDMENT #06  
TO CONTRACT FA-01-14412**

This Contract, by and between the State of Tennessee, Department of Mental Health and Developmental Disabilities, Middle Tennessee Mental Health Institute, hereinafter referred to as the State, and Sodexo Management, Inc., hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete Section C.1. in its entirety and insert the following in its place:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Eight Million One Hundred Eighty-Five Thousand Dollars (\$8,185,000). The Payment Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Payment Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Payment Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

The other terms and conditions of this Contract not amended hereby shall remain in full force and effect.

## IN WITNESS WHEREOF:

SODEXHO MANAGEMENT, INC.:

  
\_\_\_\_\_  
Authorized Signature, Title

Executive VP

Date

1/5/06

## DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES:

\_\_\_\_\_  
Virginia Trotter Betts, MSN, JD, RN, FAAN, Commissioner

Date

## MIDDLE TENNESSEE MENTAL HEALTH INSTITUTE

  
\_\_\_\_\_  
Lynn McDonald, Chief Officer

Date

12/19/05

## APPROVED:

## DEPARTMENT OF FINANCE AND ADMINISTRATION:

\_\_\_\_\_  
M. D. Goetz, Jr., Commissioner

Date

## DEPARTMENT OF PERSONNEL:

NOT APPLICABLE

\_\_\_\_\_  
Randy C. Camp, Commissioner

Date

## COMPTROLLER OF THE TREASURY:

\_\_\_\_\_  
John G. Morgan, Comptroller of the Treasury

Date



# CONTRACT SUMMARY SHEET

S Number:	339.11-010	Contract Number:	FA-01-14412-05
State Agency:	DEPT. OF MENTAL HEALTH & DEVELOP. DISAB.	Division:	MIDDLE TN MENTAL HEALTH INSTITUTE
Contractor		Contractor Identification Number	
SODEXHO MANAGEMENT, INC.		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	V160812661-02

**Service Description**

Food Management Services

Contract Begin Date	Contract End Date
January 22, 2001	January 21, 2006

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
See Summary Supplement	See Summary Supplement	See Summary Supplement	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
001				\$743,328	\$743,328
002				\$1,760,777	\$1,760,777
003				\$1,650,807	\$1,650,807
004				\$1,537,350	\$1,537,350
005				\$1,518,382	\$1,518,382
006				\$699,356	\$699,356
<b>Total:</b>				\$7,910,000	\$7,910,000

FDA #	<b>Check the box ONLY if the answer is YES:</b>
<b>State Fiscal Contact</b>  Name: Gene Wood Address: 12th Floor, Andrew Johnson Building Phone: 615-532-6676	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
	Is the Contractor a VENDOR? (per OMB A-133)
	Is the Fiscal Year Funding STRICTLY LIMITED?
Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS?
	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractors Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
<b>END DATE →</b>	01/21/06	<del>01/21/06</del>
FY: 2001	\$743,328	
FY: 2002	\$1,760,777	
FY: 2003	\$1,650,807	
FY: 2004	\$1,537,350	
FY: 2005	\$1,338,382	\$180,000
FY: 2006	\$699,356	
<b>Total:</b>	\$7,730,000	\$180,000

**Funding Certification**

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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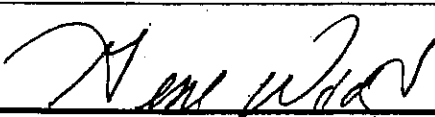
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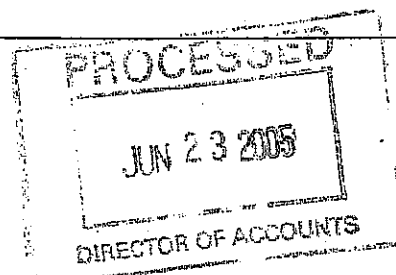
COMPTROLLER'S OFFICE  
OFFICE OF  
MANAGEMENT SERVICES

**PROC**

JUN 27 2005

# C O N T R A C T S U M M A R Y S H E E T

<b>RFS Number:</b> 339.11-010		<b>Contract Number:</b> FA-01-14412-04	
<b>State Agency:</b> DEPT. OF MENTAL HEALTH & DEVELOP. DISAB.		<b>Division:</b> MIDDLE TN MENTAL HEALTH INSTITUTE	
<b>Contractor</b>		<b>Contractor Identification Number</b>	
SODEXHO MANAGEMENT, INC.		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	V160812661-02
<b>Service Description</b>			
Food Management Services			
<b>Contract Begin Date</b>		<b>Contract End Date</b>	
January 22, 2001		January 21, 2006	
<b>Allotment Code</b>	<b>Cost Center</b>	<b>Object Code</b>	<b>Fund</b>
See Summary Supplement	See Summary Supplement	See Summary Supplement	11
		<input type="checkbox"/> on STARS	
<b>Grant</b>	<b>Grant Code</b>	<b>Subgrant Code</b>	
<b>FY</b>	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total Contract Amount (including ALL amendments)</b>
2001			\$743,328
2002			\$1,760,777
2003			\$1,650,807
2004			\$1,537,350
2005			\$1,338,382
2006			\$699,356
<b>Total:</b>			\$7,730,000
<b>CFDA #</b>		<b>Check the box ONLY if the answer is YES:</b>	
<b>State Fiscal Contact</b>		<b>Is the Contractor a SUBRECIPIENT? (per OMB A-133)</b>	
<b>Name:</b> Gene Wood <b>Address:</b> 12th Floor, Andrew Johnson Building <b>Phone:</b> 615-532-6676		<b>Is the Contractor a VENDOR? (per OMB A-133)</b> X	
		<b>Is the Fiscal Year Funding STRICTLY LIMITED?</b> X	
<b>Procuring Agency Budget Officer Approval Signature</b>		<b>Is the Contractor on STARS?</b> X	
		<b>Is the Contractor's FORM W-9 ATTACHED?</b>	
		<b>Is the Contractors Form W-9 Filed with Accounts?</b> X	
<b>COMPLETE FOR ALL AMENDMENTS (only)</b>		<b>Funding Certification</b>	
<b>Base Contract &amp; Prior Amendments</b>	<b>This Amendment ONLY</b>	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
<b>END DATE →</b>	01/21/06		
FY: 2001	\$743,328		
FY: 2002	\$1,760,777		
FY: 2003	\$1,650,807		
FY: 2004	\$1,537,350		
FY: 2005	\$1,338,382		
FY: 2006	\$699,356		
<b>Total:</b>	\$7,730,000		



# C O N T R A C T   S U M M A R Y   S H E E T

RFS Number:	339.11-010	Contract Number:	FA-01-14412-03
State Agency:	DEPT. OF MENTAL HEALTH & DEVELOP. DISAB.	Division:	MIDDLE TN MENTAL HEALTH INSTITUTE
Contractor		Contractor identification Number	
SODEXHO MARRIOTT SERVICES		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	V160812661-02

## Service Description

Food Management Services	
Contract Begin Date	Contract End Date
January 22, 2001	January 21, 2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
See Summary Supplement	See Summary Supplement	See Summary Supplement	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001				\$743,328	\$743,328
2002				\$1,760,777	\$1,760,777
2003				\$1,650,807	\$1,650,807
2004				\$1,537,350	\$1,537,350
2005				\$1,338,382	\$1,338,382
2006				\$699,356	\$699,356
<b>Total:</b>				\$7,730,000	\$7,730,000

CFDA #		Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Marlene Alvarez	Is the Contractor a VENDOR? (per OMB A-133)	X
Address:	3 <sup>rd</sup> Floor, Cordell Hull Building	Is the Fiscal Year Funding STRICTLY LIMITED?	X
Phone:	615-532-6741	Is the Contractor on STARS?	X
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractors Form W-9 Filed with Accounts?	X

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
<b>END DATE →</b>	01/21/06	01/21/06
FY: 2001	\$743,328	
FY: 2002	\$1,760,777	
FY: 2003	\$1,650,807	
FY: 2004	\$1,437,350	\$100,000
FY: 2005	\$1,338,382	
FY: 2006	\$699,356	
<b>Total:</b>	\$7,630,000	\$100,000

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

JUN 30 2004

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 COMPTROLLER'S OFFICE  
 OFFICE OF  
 MANAGEMENT SERVICES

**C O N T R A C T   S U M M A R Y   S H E E T**

<b>RFS Number:</b>	339.11-010	<b>Contract Number:</b>	FA-01-14412-02
<b>State Agency:</b>	DEPT. OF MENTAL HEALTH & DEVELOP. DISAB.	<b>Division:</b>	MIDDLE TN MENTAL HEALTH INSTITUTE
<b>Contractor</b>		<b>Contractor Identification Number</b>	
SODEXHO MARRIOTT SERVICES		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	V160812661-02

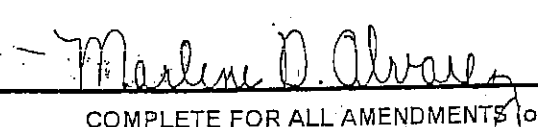
**Service Description**

Food Management Services

<b>Contract Begin Date</b>	<b>Contract End Date</b>
January 22, 2001	January 21, 2006

<b>Allotment Code</b>	<b>Cost Center</b>	<b>Object Code</b>	<b>Fund</b>	<b>Grant</b>	<b>Grant Code</b>	<b>Subgrant Code</b>
See Summary Supplement	See Summary Supplement	See Summary Supplement	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001				\$743,328	\$743,328
2002				\$1,760,777	\$1,760,777
2003				\$1,650,807	\$1,650,807
2004				\$1,437,350	\$1,437,350
2005				\$1,338,382	\$1,338,382
2006				\$699,356	\$699,356
<b>Total:</b>				\$7,630,000	\$7,630,000

<b>CFDA #</b>		<b>Check the box ONLY if the answer is YES:</b>	
<b>State Fiscal Contact</b>		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
<b>Name:</b>	Marlene Alvarez	Is the Contractor a VENDOR? (per OMB A-133)	X
<b>Address:</b>	3 <sup>rd</sup> Floor, Cordell Hull Building	Is the Fiscal Year Funding STRICTLY LIMITED?	X
<b>Phone:</b>	615-532-6741	Is the Contractor on STARS?	X
<b>Procuring Agency Budget Officer Approval Signature</b>		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractors Form W-9 Filed with Accounts?	X

**COMPLETE FOR ALL AMENDMENTS (only)**

	Base Contract & Prior Amendments	This Amendment ONLY
<b>END DATE →</b>	01/21/06	01/21/06
FY: 2001	\$743,328	
FY: 2002	\$1,760,777	
FY: 2003	\$1,500,807	\$150,000
FY: 2004	\$1,437,350	
FY: 2005	\$1,338,382	
FY: 2006	\$699,356	
<b>Total:</b>	\$7,480,000	\$150,000

**Funding Certification**

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

**PROCESSED**

JUL - 3 2003

RECEIVED  
 COMPTROLLER OF FINANCE  
 OFFICE OF MANAGEMENT SERVICES  
 JUN - 7 PM 3:02

RFS Number: 339.11-010		Contract Number: FA-01-14412-01	
State Agency: DEPT. OF MENTAL HEALTH & DEVELOP. DISAB.		Division: MIDDLE TN MENTAL HEALTH INSTITUTE	
Contractor		Contractor Identification Number	
SODEXHO MARRIOTT SERVICES		<input checked="" type="checkbox"/> V- V160812661-02 <input type="checkbox"/> C-	
Service Description			
Food Management Services			
Contract Begin Date		Contract End Date	
January 22, 2001		January 21, 2006	
Allotment Code	Cost Center	Object Code	Fund
See Summary Supplement	See Summary Supplement	See Summary Supplement	11
		<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2001			\$743,328
2002			\$1,760,777
2003			\$1,500,807
2004			\$1,437,350
2005			\$1,338,382
2006			\$699,356
Total:			\$7,480,000
CFDA #	Check the box ONLY if the answer is YES:		
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Mariene Alvarez	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	3 <sup>rd</sup> Floor, Cordell Hull Building	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-532-6741	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
<i>Mariene D. Alvarez</i>		Is the Contractors Form W-9 Filed with Accounts?	
		Funding Certification	
COMPLETE FOR ALL AMENDMENTS (only)		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
Base Contract & Prior Amendments	This Amendment ONLY	PROCESSED JUL 18 2002 DIRECTOR OF ACCOUNTS OFFICE OF THE COMPTROLLER 774 W 5 - TND 012 00120324	
END DATE → 01/21/06	01/21/06		
FY: 2001	\$743,328		
FY: 2002	\$1,565,777		
FY: 2003	\$1,500,807		
FY: 2004	\$1,437,350		
FY: 2005	\$1,338,382		
FY: 2006	\$699,356		
Total:	\$7,285,000	\$195,000	

# CONTRACT SUMMARY SHEET

Contract Number	FA 01-14412-00	State Agency	Dept. of Mental Health & Develop. Disabilities
RFS Number	RFS-339.11-00620	Division	Middle Tennessee Mental Health Inst.
Contractor		Vendor ID Number	
Sodexo Marriott Services		<input checked="" type="checkbox"/> V— <input type="checkbox"/> C—	V160812661-02

**Service Description**

Food Management Services

Contract Begin Date	Contract End Date
January 22, 2001	January 21, 2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
			11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
				\$743,328	\$743,328
2001				\$1,565,777	\$1,565,777
2002				\$1,500,807	\$1,500,807
2003				\$1,437,350	\$1,437,350
2004				\$1,338,382	\$1,338,382
2005				\$699,356	\$699,356
2006				\$7,285,000	\$7,285,000
<b>Total</b>					

<input checked="" type="checkbox"/> Fiscal Year Funding is Strictly Limited <input checked="" type="checkbox"/> Contractor is on STARS <input checked="" type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached <input checked="" type="checkbox"/> Service Provider Registered with F&A <input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	CFDA Number  State Fiscal Contact Name: Marlene Alvarez Address: Third Floor, Cordell Hull Phone: (615) 532-6741  Procuring Agency Budget Officer Approval Signature 
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COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neal, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date			
FY			
FY			
FY			
FY			
Total			OCR Use Only

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 20110101  
 01/21/10 501111